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## EXHIBIT C

TO DO TO# 132702

EO100 EO/EO

## Initial report of personal injury

1 To	U.S. Marshals Office		
2 Victim's name and address	Chevy Yared		
3 Time reported	2/20/84		
4 Name & number of injured	Name & number of injured		
5 Occupation	Date of accident		
6 Age & birth date	Date of accident		
7 Home address	Home telephone no.		
8 Nature & extent of injury	Home terminal or hospital		
9 Circumstances	Toxicology no.		
10 Name of medical facility	Telephone no.		
11 Name of attending doctor	Name		
12 Will attending doctor return to restricted duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13 If not now, at what date?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
14 No. of days off authorized by Doctor			
15 Actual days off prior to restricted duty			
16 Name & title of individual supervisor in charge at point of accident	T.M.		
17	<i>R.E. Goldfarby</i>		